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PTO/SB/01 (8-96)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION☐ Declaration Submitted
with Initial Filing ☐ Declaration Submitted after
Initial Filing

Attorney Docket Number

SERVIER 459 PCT

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Imidazopyridine compounds ✓

(Title of the invention)

the specification of which

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY)

11/04/2003 ✓

as United States Application Number or PCT International

Application Number

PCT/FR2003/003277

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
02.13802 ✓	FRANCE ✓	11/05/2002 ✓	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

10/533699

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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: CUSTOMER NUMBER: (25,666)

Name	Registration Number	Name	Registration Number
G. PATRICK SAGE	37,710	MICHELE CUDAHY	55,093

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all cor

Name
Address
Address
City
Country

THE FIRM OF
HUESCHEN AND SAGE
PLLC
ATTORNEYS AND COUNSELORS
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350 EAST MICHIGAN AVENUE
KALAMAZOO, MICHIGAN 49007-3856

ZIP
Fax

I hereby declare that all statements made herein are true to the best of my knowledge and belief, and that the information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Sylvain	Middle Initial		Family Name	RAULT	Suffix e.g. Jr.	
Inventor's Signature	Sylvain RAULT				Date	April 14, 2005	

Residence: City	MOULT	State	FR	Country	FRANCE	Citizenship	FR
Post Office Address	Route de Saint-Pierre sur Dives						
Post Office Address							
City	MOULT	State	FR	Zip	14370	Country	FRANCE

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

Rec'd PCT/PTO 03 MAY 2005

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name Jean-Charles Middle Initial Family Name LANCELOT Suffix

Inventor's Signature Jean-Charles Lancelot Date April 14, 2005

Residence: City LE BOURG State FR Country FRANCE Citizenship FR

Post Office Address Tour en Bessin RN 13

Post Office Address

City LE BOURG State FR Zip 14400 Country FRANCE

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name Marina Middle Initial Family Name KOPP Suffix

Inventor's Signature Marina Kopp Date April 14, 2005

Residence: City CAEN State FR Country FRANCE Citizenship FR

Post Office Address 42, rue de Lebissey

Post Office Address

City CAEN State FR Zip 14000 Country FRANCE

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name Daniel-Henri Middle Initial Family Name CAIGNARD Suffix

Inventor's Signature Daniel-Henri CAIGNARD Date April 14, 2005

Residence: City LE PECQ State FR Country FRANCE Citizenship FR

Post Office Address 22, avenue de la République

Post Office Address

City LE PECQ State FR Zip 78230 Country FRANCE

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name Bruno Middle Initial Family Name PFEIFFER Suffix

Inventor's Signature Bruno PFEIFFER Date April 14, 2005

Residence: City SAINT LEU LA FORET State FR Country FRANCE Citizenship FR

Post Office Address 47, rue Ernest Renan

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City SAINT LEU LA FORET State FR Zip 95320 Country FRANCE

☐ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name: Pierre Middle Initial: Family Name: RENARD Suffix: e.g. Jr.

Inventor's Signature: *Pierre RENARD* Date: April 14, 2005

Residence: City: LE CHESNAY FRX State: FR Country: FRANCE Citizenship: FR ✓

Post Office Address: 3, avenue du Parc

Post Office Address:

City: LE CHESNAY State: FR Zip: 78150 Country: FRANCE

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name: Jean-Guy Middle Initial: Family Name: BIZOT-ESPIARD Suffix: e.g. Jr.

Inventor's Signature: *Jean-Guy Bizot-Espiard* Date: April 14, 2005

Residence: City: PARIS FRX State: FR Country: FRANCE Citizenship: FR ✓

Post Office Address: 2, rue de la Convention

Post Office Address:

City: PARIS State: FR Zip: 75015 Country: FRANCE

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name: Middle Initial: Family Name: Suffix: e.g. Jr.

Inventor's Signature: Date:

Residence: City: State: Country: Citizenship:

Post Office Address:

Post Office Address:

City: State: Zip: Country:

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name: Middle Initial: Family Name: Suffix: e.g. Jr.

Inventor's Signature: Date:

Residence: City: State: Country: Citizenship:

Post Office Address:

Post Office Address:

City: State: Zip: Country:

☐ Additional inventors are being named on supplemental sheet(s) attached hereto